DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
• .	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 4 0 0 8	Pennsylvania
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TI	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID) Title XIX Medicaid	TLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE C	ONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for each a	mendment)
6. FEDERAL STATUTE/REGULATION CITATION:		859,667 704,607
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable).	SEDED PLAN SECTION
Supplement 8A to Attachment 2.6-A, Page 1	Supplement 8A to Attachm	nent 2.6-A, Page 1
10 SUBJECT OF AMENDMENT		
10. SUBJECT OF AMENDMENT:  Aligning AFDC-related self employment deduction	ıs	
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):		
Aligning AFDC-related self employment deduction	OTHER, AS SPECIFIED: Secretary of Public W	<i>l</i> elfare
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL:	I∏ OTHER, AS SPECIFIED:	<i>J</i> elfare
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	X OTHER, AS SPECIFIED: Secretary of Public W	
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Lastule B. Lichman	★ OTHER, AS SPECIFIED: Secretary of Public W	lvania
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL:  Latelle B. Lichman  13. TYPED NAME:	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO: Commonwealth of Pennsy	lvania
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Lature B. Richman  13. TYPED NAME: Estelle B. Richman  14. TITLE: Secretary of Public Welfare  15. DATE SUBMITTED:	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO:  Commonwealth of Pennsy Department of Public W P.O. Box 2675	lvania
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Lettle B. Richman  13. TYPED NAME: Estelle B. Richman  14. TITLE: Secretary of Public Welfare  15. DATE SUBMITTED:  DEC 3 0 2004	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO:  Commonwealth of Pennsy Department of Public W P.O. Box 2675 Harrisburg, PA 17105	lvania
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Lature B. Richman  13. TYPED NAME: Estelle B. Richman  14. TITLE: Secretary of Public Welfare  15. DATE SUBMITTED:  DEC 3 0 2004  FOR REGIONAL O	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO:  Commonwealth of Pennsy Department of Public W P.O. Box 2675 Harrisburg, PA 17105  FICE USE ONLY  18. DATE APPROVED:	lvania
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Latural 13. TYPED NAME: Estelle B. Richman  14. TITLE: Secretary of Public Welfare  15. DATE SUBMITTED:  DEC 3 0 2001  FOR REGIONAL O	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO:  Commonwealth of Pennsy Department of Public W P.O. Box 2675 Harrisburg, PA 17105  FICE USE ONLY 18. DATE APPROVED:	rlvania Jelfare
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Estelle B. Richman  13. TYPED NAME: Estelle B. Richman  14. TITLE: Secretary of Public Welfare  15. DATE SUBMITTED:  DEC 3 0 2004  FOR REGIONAL O  17. DATE RECEIVED:	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO:  Commonwealth of Pennsy Department of Public W P.O. Box 2675 Harrisburg, PA 17105  FICE USE ONLY  18. DATE APPROVED:	rlvania Jelfare
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Little B. Little Secretary  13. TYPED NAME: Estelle B. Richman  14. TITLE: Secretary of Public Welfare  15. DATE SUBMITTED:  DEC 3 0 2001  FOR REGIONAL O  17. DATE RECEIVED:  PI AN APPROVED -  19. EFFECTIVE DATE OF APPROVED MATERIAL:	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO:  Commonwealth of Pennsy Department of Public W P.O. Box 2675 Harrisburg, PA 17105  FICE USE ONLY 18. DATE APPROVED: ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICE  COMMONWEALTH STATEMENT OF REGIONAL OFFICE  21. COMMONWEALTH STATEMENT OF REGIONAL OFFICE  22. SIGNATURE OF REGIONAL OFFICE  COMMONWEALTH STATEMENT OF REGIONAL OFFICE  COMMONWEALTH STATE	rlvania Jelfare
Aligning AFDC-related self employment deduction  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Estelle B. Richman  13. TYPED NAME: Estelle B. Richman  14. TITLE: Secretary of Public Welfare  15. DATE SUBMITTED:  DEC 3 0 2004  FOR REGIONAL O  17. DATE RECEIVED:	OTHER, AS SPECIFIED: Secretary of Public W  16. RETURN TO:  Commonwealth of Pennsy Department of Public W P.O. Box 2675 Harrisburg, PA 17105  FICE USE ONLY 18. DATE APPROVED:	rlvania Jelfare

Revision:

HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A Page 1
OMB No.: 0938-

	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT						
	STAT	E: <u>Pen</u>	ınsylvania				
	MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT*						
	Sec	ion 1902(f)	State		X	Non-Section	1902(f) State
<u>(A)</u>	AFDC-rela	ed					
(1)	medically r normally tro AFDC Stat	eedy only a eated as a l e Plan whe	applicants and resource, will	d recipients, be treated a more benefic	the rec s inco cial to	me in accorda	sum, which is
(2)	Work Expe	nse Deduc	tion –				
		pients with				ayment applic ork expense d	
	inco	me are ent	•	expense ded	uction	or recipients v of actual and	vith earned verified monthly
(3)	payment and income are expenses,	nd medicall given a de personal tra	y needy only eduction for de	applicants a epreciation, p purchase of	nd rec persor capita	ial business a il equipment, a	nmoney elf-employment nd entertainmen and payments or
(4)	<u>Deduction of Recurring Medical Expenses</u> – AFDC-related medically needy only applicants and recipients are permitted to project verified recurring and predictable medical expenses for the 6-month eligibility period.						
*	More libera section 190		may not resul	t in exceedir	ng gros	ss income limi	tations under
	o. <u>04-008</u>	App	roval Date _	3-14-05	Effe	ctive Date <u>O</u>	ctober 1, 2004
TN N					HCFA	ID:	

Revision:

HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT							
	S	STATE:	Pennsylvania				
	MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT*						
		Section 1	902(f) State		X Non-Section 1902(f) State		
(A)	AFDC	C-related					
(1)	medic norma AFDC	cally needy ally treated State Pla	only applicants and recipt as a resource, will be tre	pients, the ated as i beneficia	ly nonmoney payment and e receipt of a lump sum, which is noome in accordance with the all to the applicant and recipient to rce.		
(2)	Work	Expense	Deduction –				
	A.	AFDC-re recipient \$120.	lated categorically needy s with earned income are	nonmone entitled t	ey payment applicants or to work expense deduction of		
	B.	income a		se deduc	ants or recipients with earned tion of actual and verified monthly er.		
(3)	paym incom exper	ent and m ne are give nses, pers	edically needy only applicen a deduction for depreci	ants and ation, pe ase of ca	gorically needy nonmoney I recipients with self-employment rsonal business and entertainment apital equipment, and payments on goods.		
(4)	applio	cants and		project	C-related medically needy only verified recurring and predictable d.		
*		liberal me on 1903(f).		ceeding	gross income limitations under		
	o. <u>04</u> -		_Approval Date _ 3-14	:05	Effective Date October 1, 2004		
-	rcedes	<b>-</b>		Н	CFA ID:		